

**North Carolina Division of Mental Health, Developmental  
Disabilities and  
Substance Abuse Services**

**Complaints Received By  
Local Management Entities**

**State Fiscal Year 2010-2011  
1st Quarter  
(7/1/10 to 9/30/10)**

**Prepared by**

**Customer Service and Community Rights Team  
Advocacy and Customer Service Section**

## **Executive Summary**

North Carolina Administrative Code (10A NCAC 26G.7001-7003) requires that all Mental Health, Developmental Disabilities and Substance Abuse Local Management Entities (LMEs) utilize standardized complaint response and complaint reporting procedures regarding services provided in their catchment areas. These rules state that LMEs are required to receive, review, appropriately respond and report complaints regarding any mental health, developmental disability and/or substance abuse service. This requirement includes complaints regarding all facilities licensed under NC General Statute 122C-Article 2 (except hospitals), unlicensed community-based services and LME services. For the purpose of this report and LME data collection, we define *complaints* as “any expression of dissatisfaction.”

This report includes aggregate statewide data and does not include data for each individual LME<sup>1</sup>. A short caveat: It is difficult to interpret with certainty the reasons for variability in complaint rates among LMEs. A higher number of complaints may be a result, for example, of increased education for consumers, families and providers about consumer rights, the complaint rule and/or empowerment efforts to encourage the reporting and resolution of complaints. In fact, it is expected that aggregate data in future reports will likely show increases in the number of complaints reported to the LMEs due to public awareness and consumer education activities. Therefore, LME data comparisons are problematic.

These data, however, are very useful to local planners and policy groups. LME complaint data are utilized at the local level to inform management of trends that may justify further action or indicate an issue in their catchment area. Many LMEs report data trends to their Client Rights Committees, Board of Directors, Quality Management Team and Area Directors to ensure an expedient response to potential areas of concern. LMEs look at complaint patterns to identify opportunities for quality improvement and to provide technical assistance when needed to ensure that appropriate action is taken. For example, LME staff may initiate an investigation or a provider review as a result of an individual complaint. Importantly, LMEs also provide this information to local Consumer Family Advisory Committees (CFACs) for their review and recommendations to respective LMEs.

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<sup>1</sup> LME data are available upon request. Please contact Cindy Koempel or Tracy Ginn at (919) 715-3197 or e-mail [Cindy.Koempel@dhhs.nc.gov](mailto:Cindy.Koempel@dhhs.nc.gov).

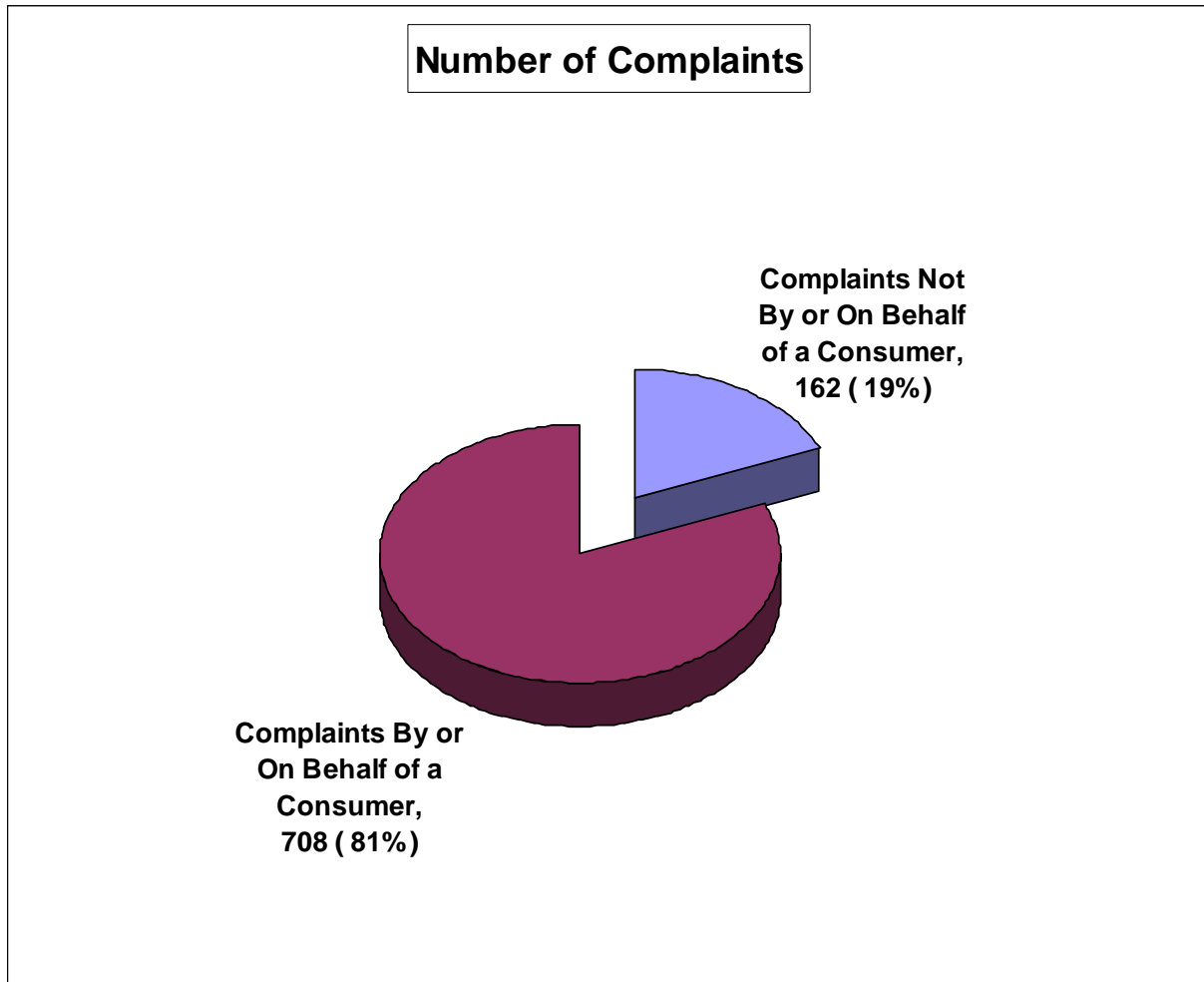
## **State Fiscal Year (SFY) 10-11 1st Quarter Complaint Data Highlights:**

- A total of 870 complaints were made to LMEs between July 1, 2010 and September 30, 2010. Of those complaints 708 (81%) were filed by or on-behalf of a consumer and 162 (19%) were not filed by or on behalf of a consumer because the issue did not directly involve a particular individual.
- Consumers filed 259 (30%) and parents/guardians filed 150 (17%) complaints during this quarter, accounting for 47% of the complaints reported statewide. Providers initiated 146 (17%) complaints.
- Complaints regarding services for adults accounted for 513 (72%) of the 708 complaints and 161 (23%) were filed by or on behalf of a child or adolescent. Over half of the complaints filed this quarter, 375 (54%), involved consumers with a mental health diagnosis, 116 (16%) a developmental disability diagnosis, 129 (18%) multiple disabilities and 30 (4%) a substance abuse diagnosis.
- The primary nature of the complaints varied with the following three categories accounting for over half: 416 (49%) complaints were related to quality of care, 78 (9%) related to access to services and 61 (7%) involved service coordination between providers.
- During the first quarter of FY 2010–2011, developmental disabilities services represented 114 (13%) complaints, community support team represented 112 (13%) and residential services represented 106 (12%) complaints.
- Statewide 181 (21%) complaints resulted in an investigation by the Local Management Entity, the Division of Health Service Regulation, the Department of Social Services or the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.
  - Of the 181 complaint investigations that took place, 96 (53%) were not substantiated, 56 (31%) were substantiated and 26 (14%) were partially substantiated.
  - Among the complaints that were investigated 106 (59%) required no further action, 57 (31%) required a corrective action plan and 15 (8%) resulted in recommendations to the provider.
- During this quarter 689 (79%) complaints did not require an investigation.
  - Of these, 447 (65%) were resolved by working with the provider, 173 (25%) were resolved by providing technical assistance to complainants and 36 (5%) were resolved by mediation.

- A complaint is considered resolved when the complainant accepts the outcome, withdraws the complaint or when no further action can be taken by the LME. This quarter 864 (100%) complaints were resolved and brought to administrative closure.
- The final dispositions for 825 (95%) complaints this quarter occurred at the LME level.
- During the 1<sup>st</sup> quarter 797 (92%) complaints were resolved within 30 days of receipt of the complaint.

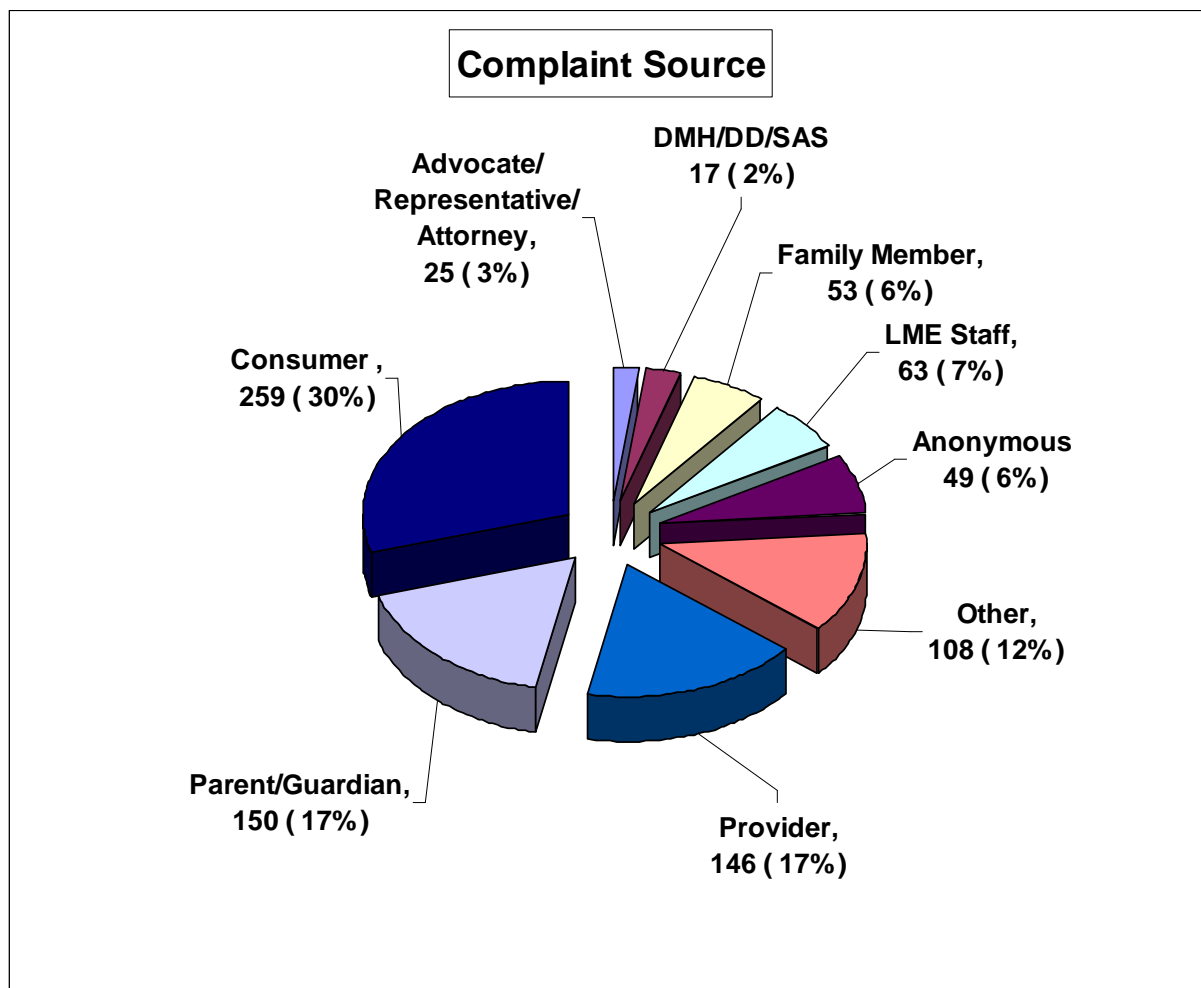
### **Total Number of Complaints**

LMEs received a total of 870 complaints from July 1, 2010 to September 30, 2010. The graph below illustrates 708 (81%) complaints received were by or on behalf of a consumer and 162 (19%) were not by or on behalf of a consumer.



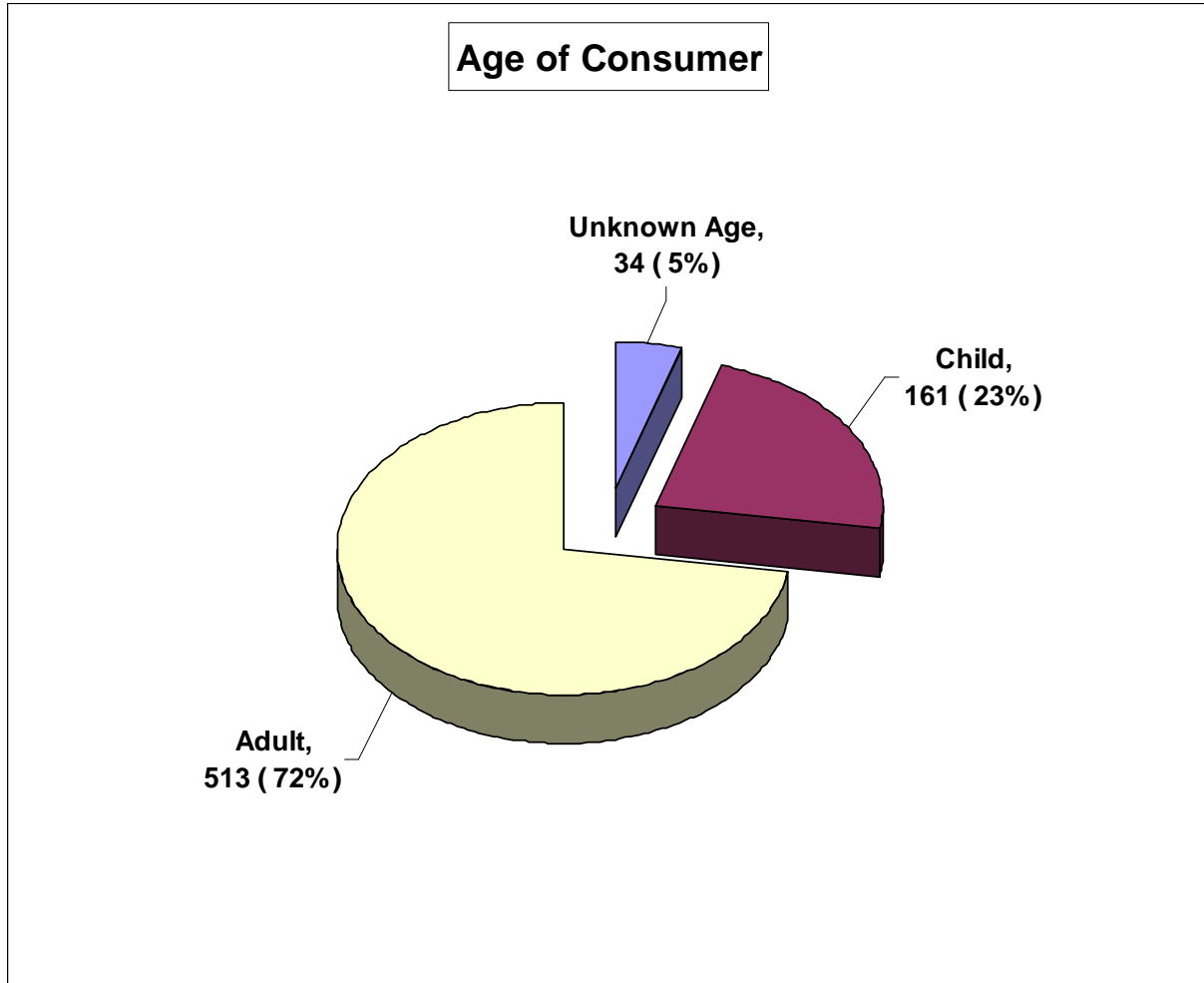
## Complaint Source

Consumers filed 259 (30%) complaints and parents/guardians filed 150 (17%) complaints to LMEs this quarter. Providers initiated 146 (17%) complaints and 146 (17%) complaints were filed by Providers. The chart below illustrates the remaining contact sources for this quarter.



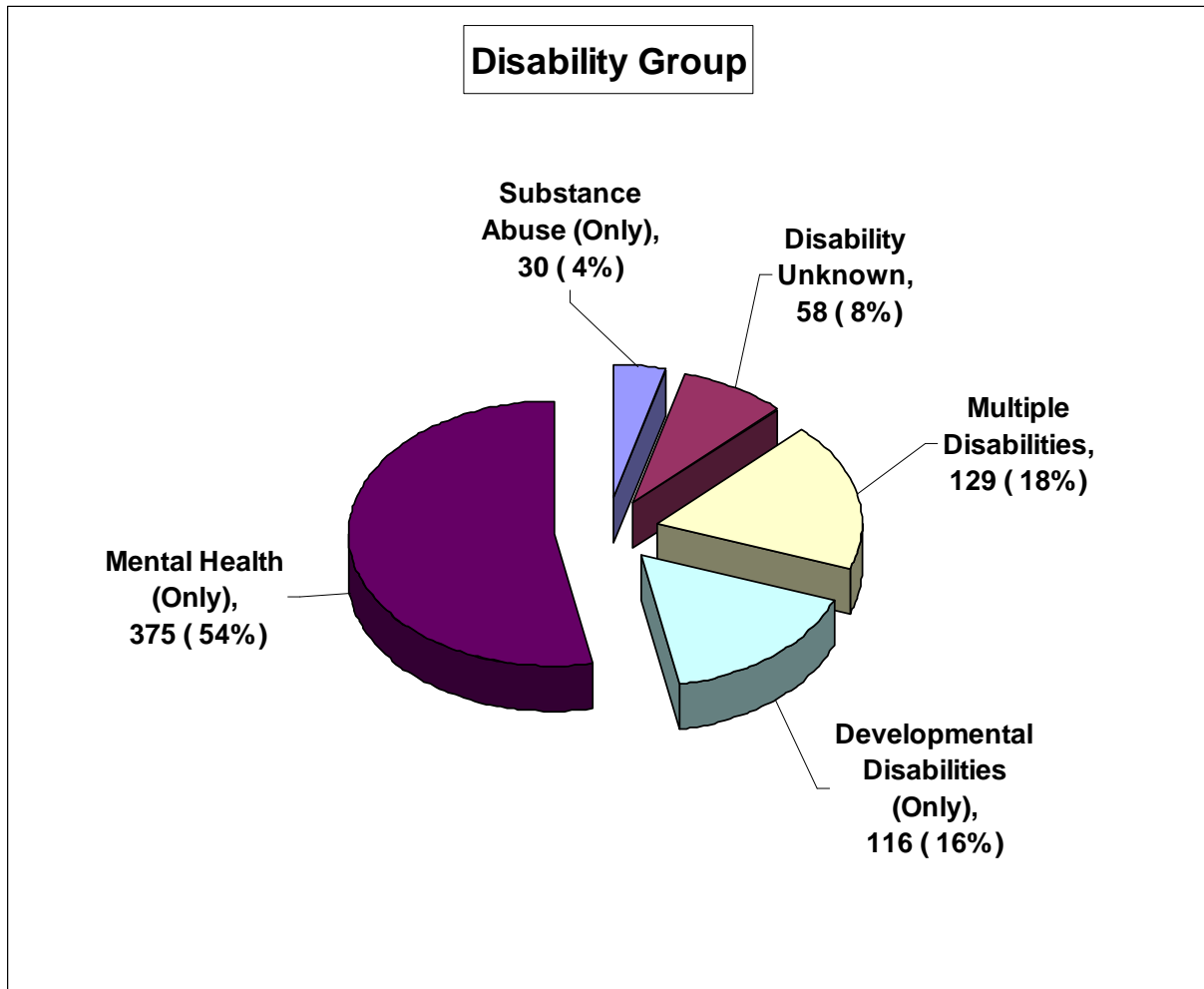
**Complaints By Or On Behalf of a Consumer:**  
**Consumer's Age Group**

Statewide, 708 complaints were filed by or on behalf of a consumer from July 1, 2010 to September 30, 2010. Complaints regarding adult services (age 18 or over) accounted for 513 (72%), 161 (23%) were filed about children's services (age 0-17) and 34 (5%) complaints did not reference a specific age group.



**Complaints By Or On Behalf of a Consumer:**  
**Consumer's Disability Group**

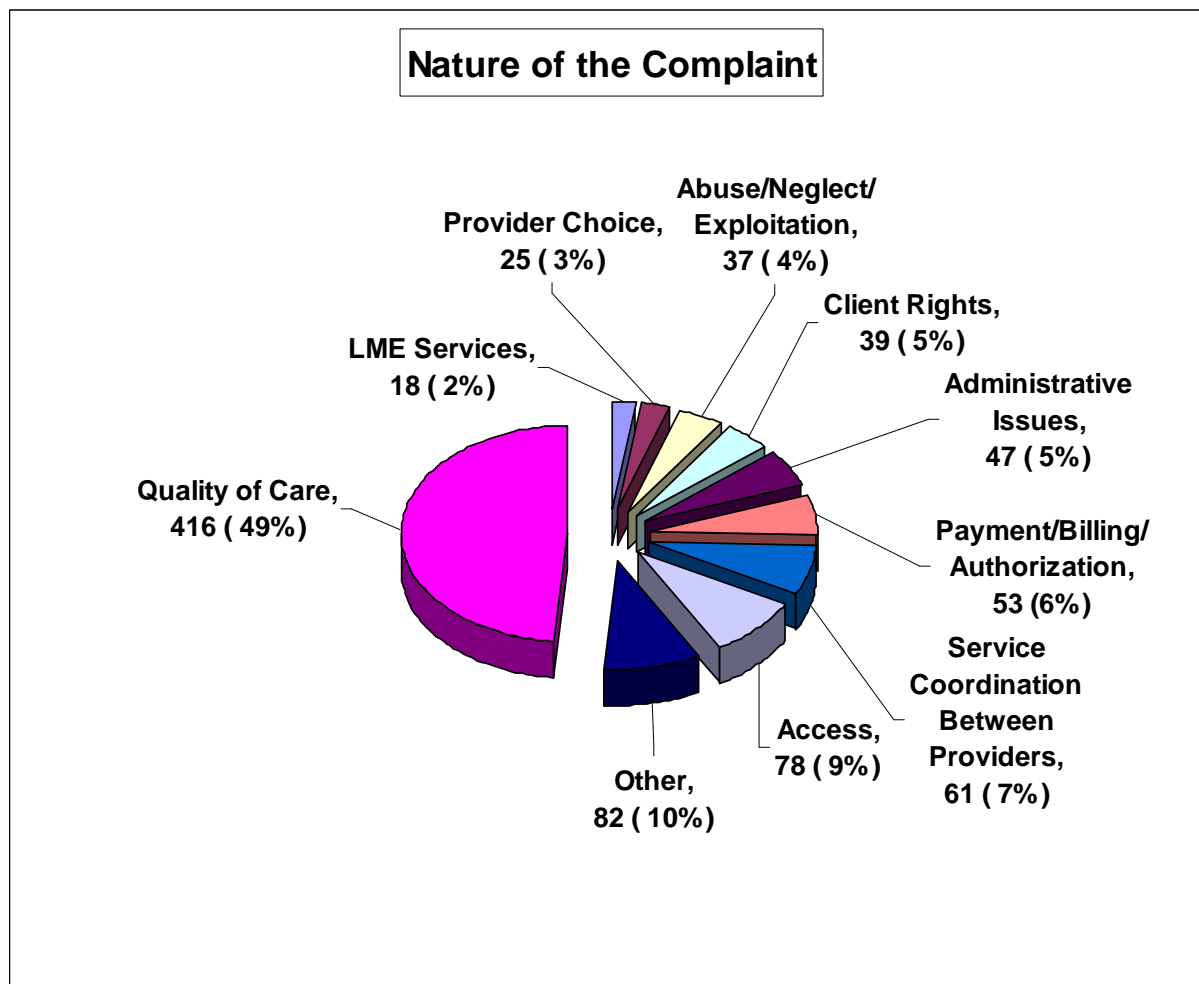
The graph below illustrates the disability group associated with the complaints by or on behalf of a consumer with the following breakdown: 375 (54%) complaints involved a consumer with a mental health diagnosis, 116 (16%) involved consumers who had a developmental disability diagnosis, 129 (18%) involved consumers with multiple disabilities and 30 (4%) involved consumers with a substance abuse diagnosis.





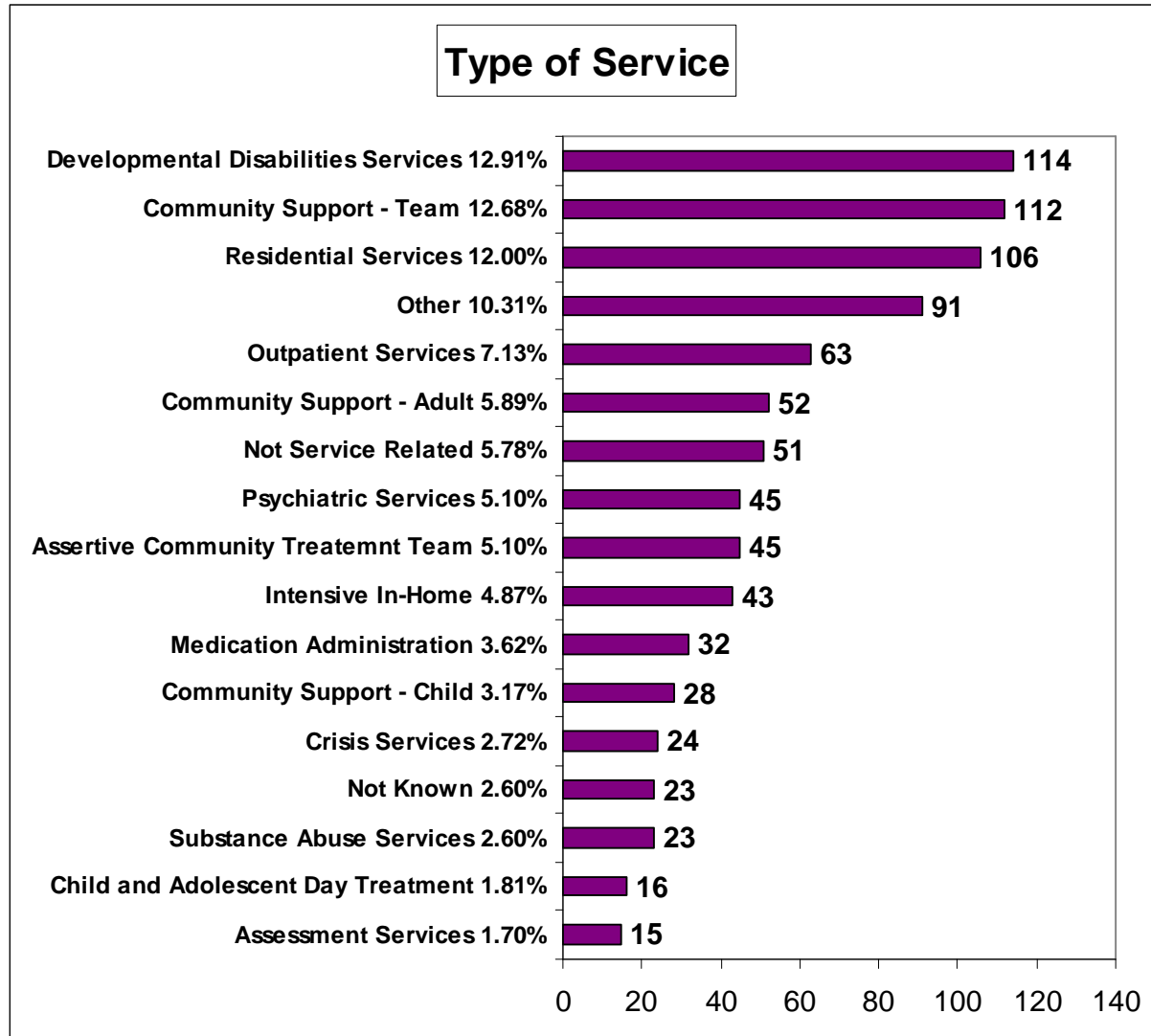
## **Primary Nature of the Complaint**

The issues associated with the complaints are categorized in the graph below. A majority of the complaints were regarding three categories: 416 (49%) complaints were related to quality of care, 78 (9%) related to access to services and 61 (7%) involved service coordination between providers.



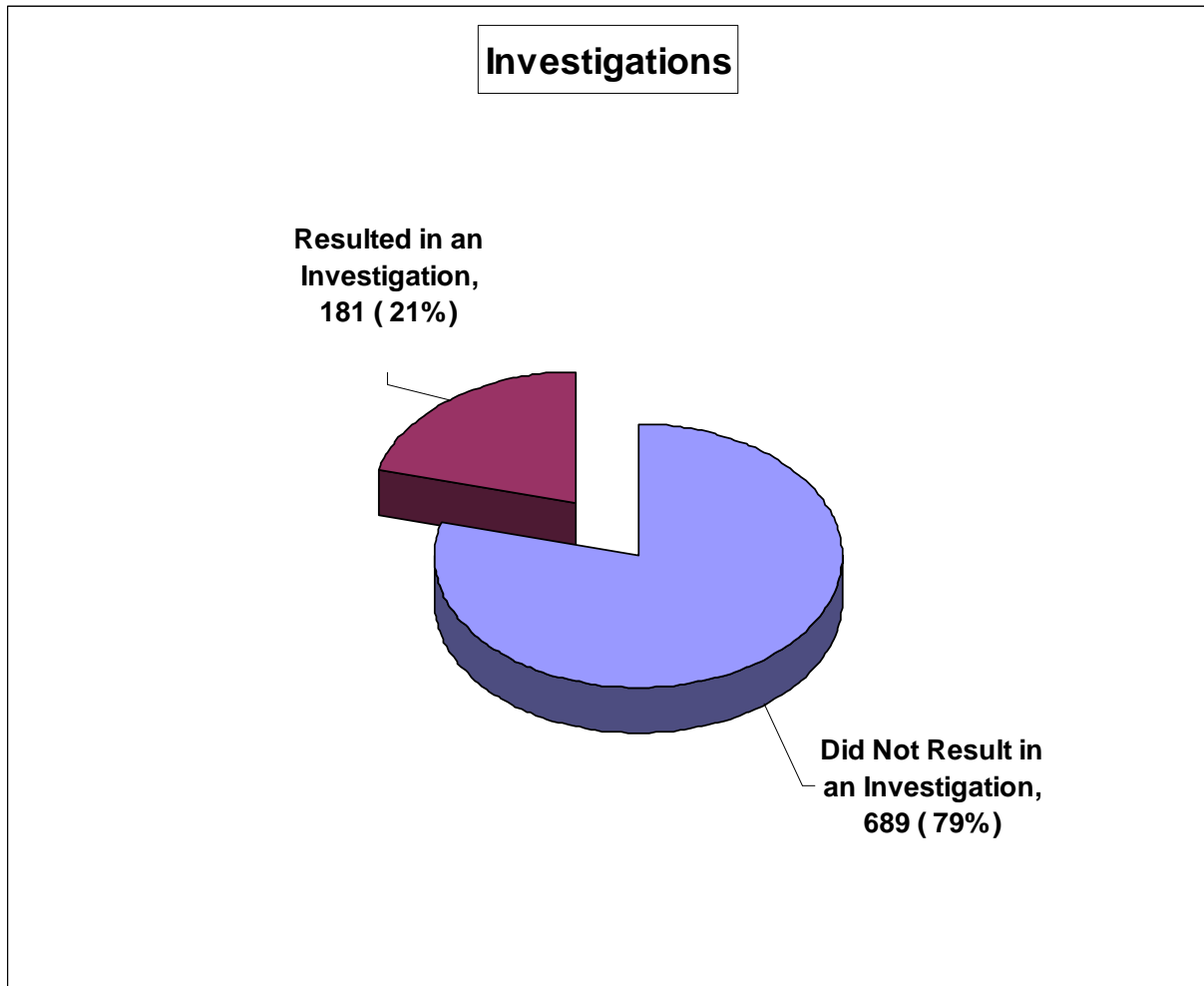
### **Type of Service Associated with the Complaints**

Developmental Disabilities services accounted for 114 (13%) complaints this quarter.  
Community Support Team services were associated with 112 (13%) complaints this quarter.  
Residential services accounted for 106 (12%) complaints.



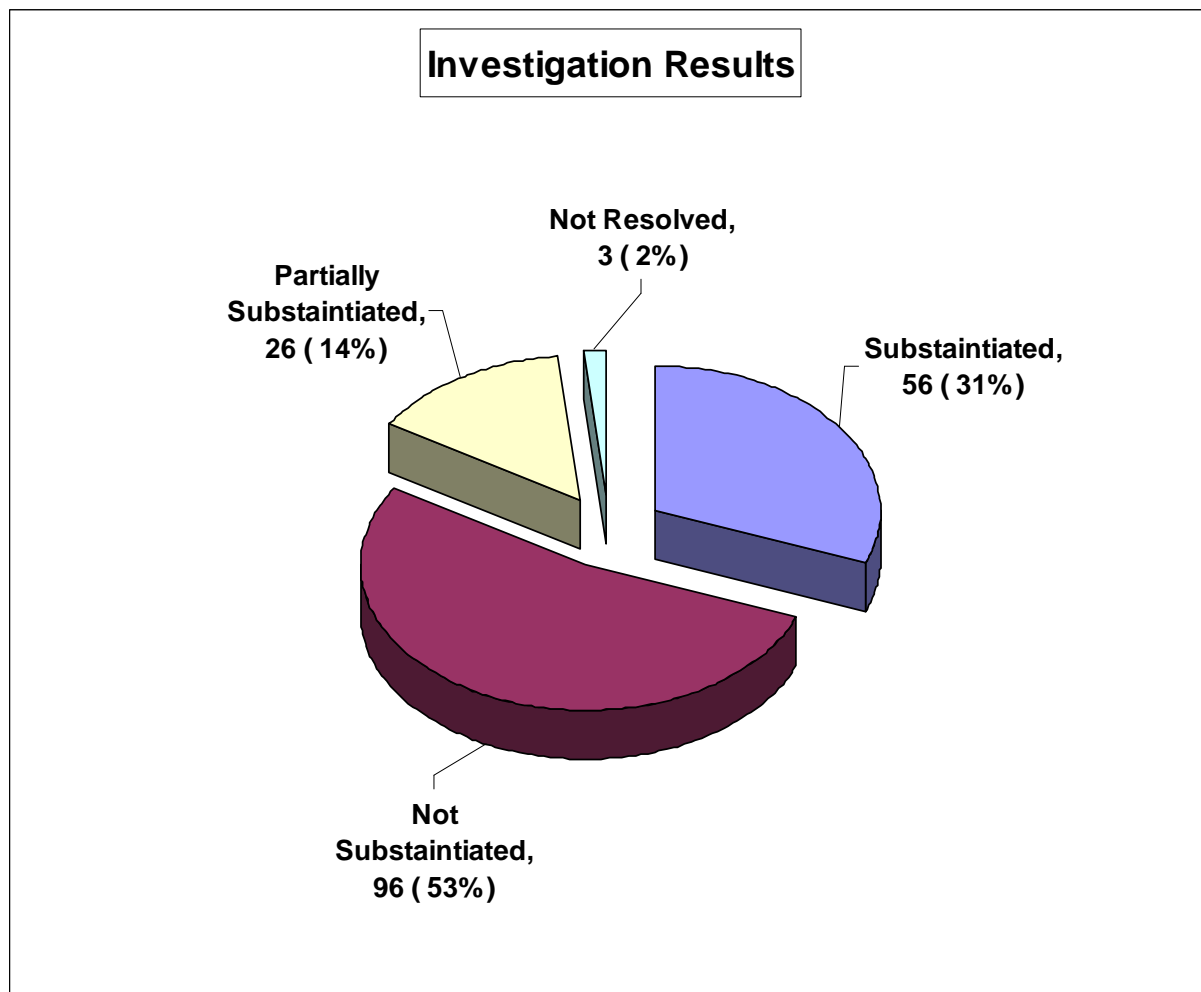
### **The Number of Complaints that Resulted in an Investigation**

Statewide, LMEs received a total of 870 complaints from July 1, 2010 to September 30, 2010. Of those complaints 181 (21%) resulted in an investigation by the Local Management Entity, the Division of Health Service Regulation, the Department of Social Services or the Division of Mental Health, Developmental Disabilities and Substance Abuse Services. The remaining 689 (79%) complaints did not result in an investigation.



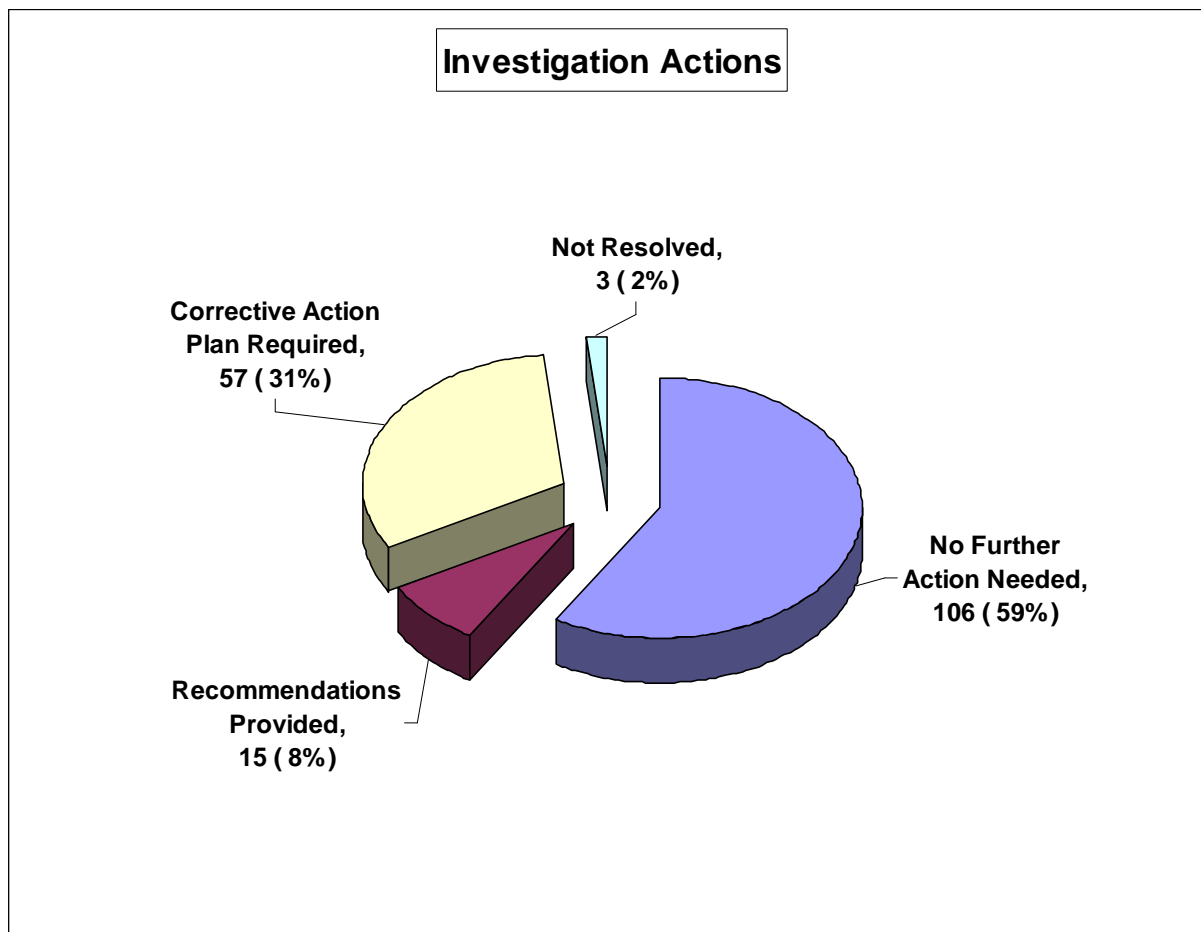
## **Complaint Investigation Results**

Statewide, of the 181 complaints that were investigated during the first quarter, 96 (53%) were not substantiated, 56 (31%) were substantiated and 26 (14%) were partially substantiated.



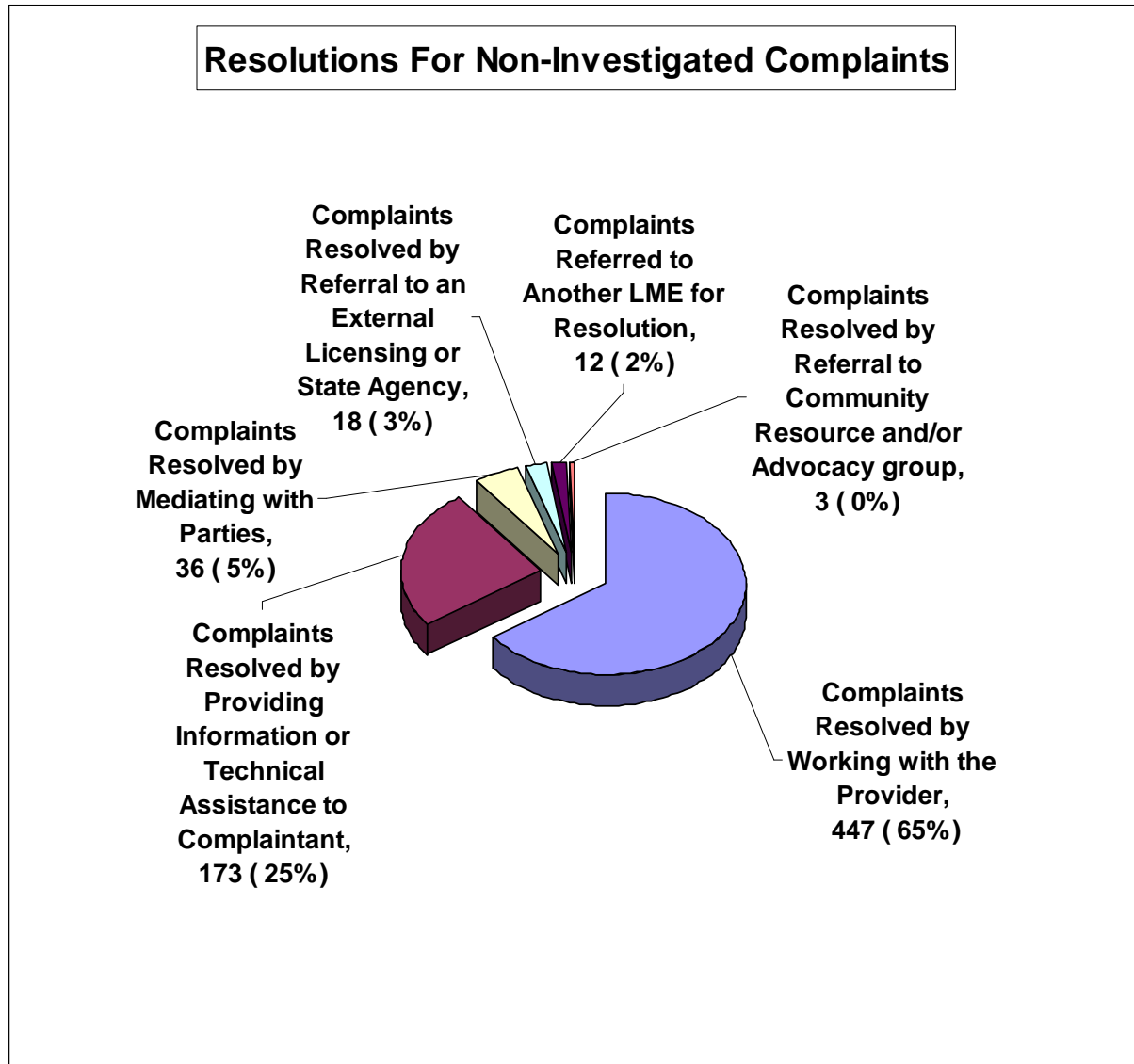
### **Actions Following the Investigations**

During this quarter, 106 (59%) complaints investigated resulted in no further action needed, 57 (31%) complaint investigations resulted in a corrective action plan from the provider and 15 (8%) resulted in recommendations to the provider.



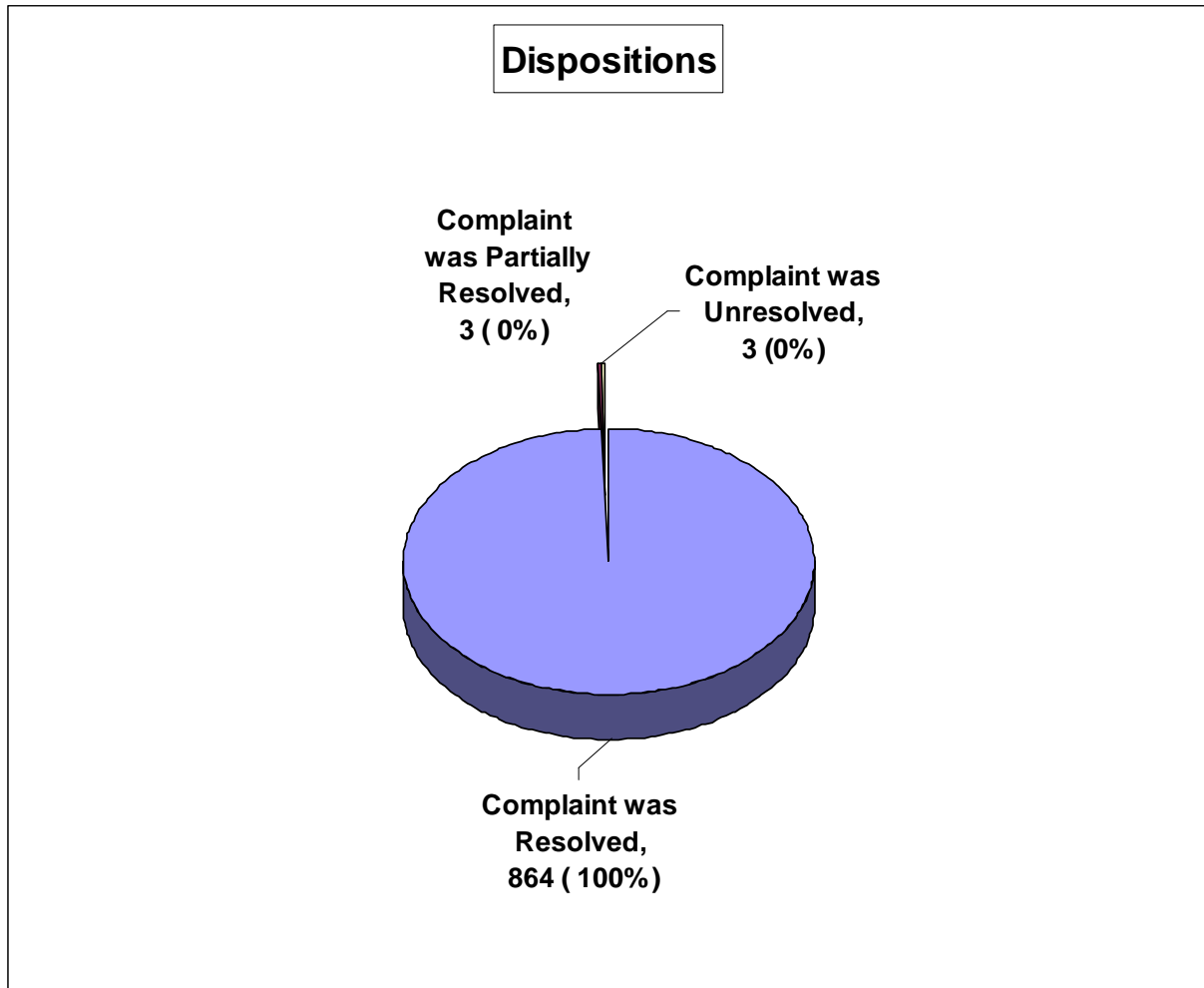
## **Resolution for Non-Investigated Complaints**

The graph below illustrates the resolution for 689 complaints during this quarter that were resolved without an investigation. Over half of these complaints, 447 (65%), were resolved by working with the provider, 173 (25%) were resolved by providing technical assistance to the complainants, 36 (5%) were resolved by mediating between the parties and 18 (3%) were resolved by referral to an external licensing or state agency.



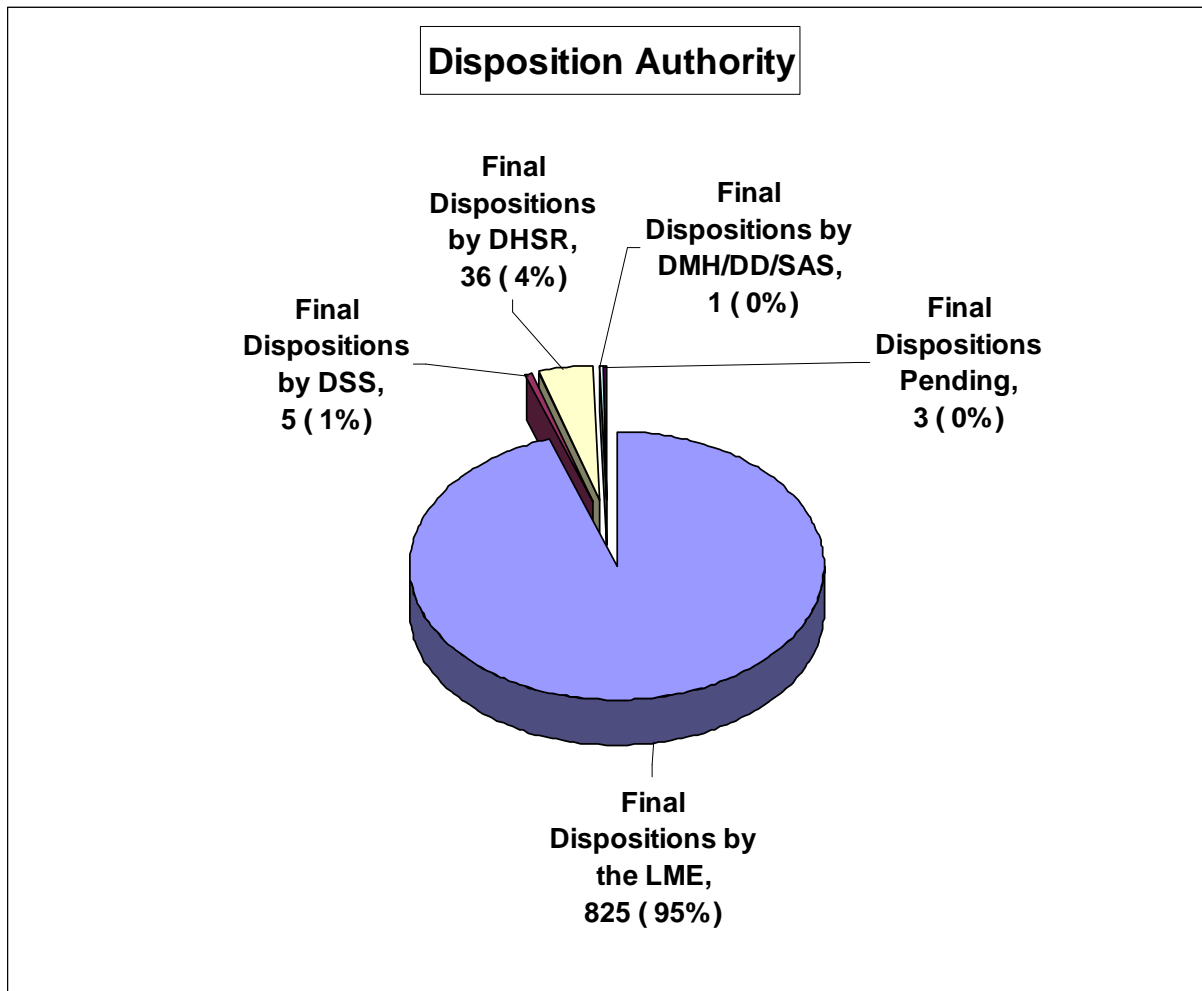
### **Final Disposition for all Complaints**

Statewide, of the total number of complaints that were received by LMEs during this quarter, 864 (100%) were resolved, 3 (0%) were partially resolved and 3 (0%) were unresolved.



### **Final Disposition Authority for all Complaints**

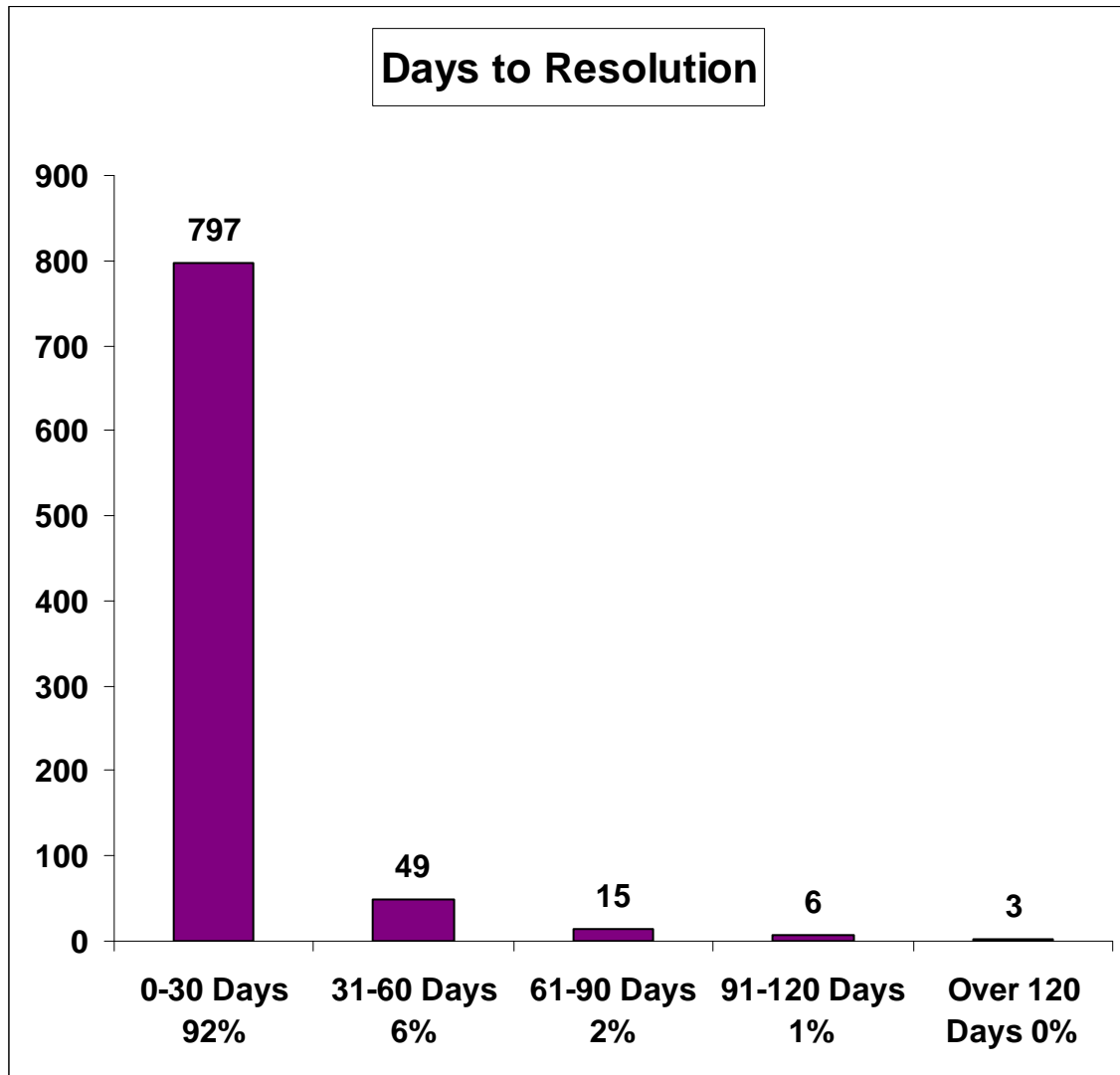
The graph below illustrates that 825 (95%) final dispositions were by the LME. Among the remaining complaint dispositions 36 (4%) final dispositions were by the Division of Health Service Regulation (DHSR), 5 (1%) were by the Department of Social Services (DSS), 3 (0%) were pending at the time of the report, and 1 (0%) were by Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS).





## **Number of Days to Resolution**

Most of the complaints received during this quarter, 797 (92%), were resolved within 30 days of receipt of the complaint. When complaints require more than 30 days to resolve, they usually are reported to DMH/DD/SAS, DHSR, DSS or another licensing or state agency for investigation and require extended time frames for a resolution at the LME level.<sup>2</sup>



<sup>2</sup> Initial data collection occurs during the quarter. However, the final report data is submitted to DMH/DD/SAS 5 months after the end of the quarter to allow more time to resolve the complaints. The added time period provides an accurate picture of resolution and final disposition for all complaints initiated during the quarter.